



Assessing Unpaid Care Work: A Participatory Toolkit



Deepta Chopra, Kas Sempere and Meenakshi Krishnan

March 2021

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Cover photographs Top photo: Women participating in Care Body Map activity in Chandannath municipality of Jumla district, Nepal, September 2016.

Bottom photo: Body Map indicating the physical and emotional impacts of paid and unpaid care work on women's bodies, Ujjain, India, February 2016.

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Suggested citation: Chopra, D.; Sempere, K. and Krishnan, M. (2021) *Assessing Unpaid Care Work: A Participatory Toolkit*, Brighton: Institute of Development Studies, DOI: [10.19088/IDS.2021.016](https://doi.org/10.19088/IDS.2021.016)

First published by the Institute of Development Studies in March 2021

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ISBN: 978-1-78118-753-1

DOI: [10.19088/IDS.2021.016](https://doi.org/10.19088/IDS.2021.016)



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Special thanks to the International Development Research Centre (IDRC) for funding the production of this toolkit. The initial set of tools was developed by the IDS team for the 'Balancing women's paid work with unpaid care work' project, part of the Growth and Equal Opportunities for Women (GrOW) programme, funded by IDRC, the Department for International Development (DFID) and the Hewlett Foundation.

Institute of Development Studies
Library Road, Brighton, BN1 9RE, UK
www.ids.ac.uk/

IDS is a charitable company limited by guarantee and registered in England
Charity Registration Number 306371
Charitable Company Number 877338

Photographer credits Project photos: p.2, 18 (top-right), 19 (top-right), 31; Anweshaa Ghosh: p.5, 18 (bottom-left), 19 (bottom-left), 22, 27, 33, 38; Jasmeet Khanuja: p.4, 8, 10, 14, 15, 23, 24, 26, 28, 34, 35, 37; Kas Sempere: p.9, 17, 25, 29, 40; [National Assembly for Wales, CC BY 2.0](https://creativecommons.org/licenses/by/2.0/): p.30.

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Acknowledgements

The development of some of these tools predates the GrOW project, under whose auspice these tools were developed and finessed. We are very grateful to our previous research partners, including ActionAid International (Rachel Moussié and her team) and Oxfam (Thalia Kidder and her team), for their inputs into earlier versions of the tools. The authors would like to thank the International Development Research Centre (IDRC) and our partners, Institute of Social Studies Trust (ISST) and BRAC Research and Evaluation Unit (REU), for their support in this project. A big thank you to the IDS Growth and Equal Opportunities for Women (GrOW) team for enabling and guiding the development of the participatory tools, alongside the more conventional qualitative guides and

quantitative survey, for a truly mixed-methods research project. This toolkit would not have been possible without the active participation of all the field teams from ISST (for India and Nepal) and BRAC REU (for Tanzania and Rwanda), who helped pilot and fine tune all the tools, document through notes and pictures, reflect back on the process, as well as operationalise these tools across our research sites. Thanks also to our local partners, who enabled access to the communities and helped set up groups. Special appreciation goes out to all the women, men, girls, and boys in the four countries who participated with great enthusiasm and brought much energy and laughter to the process, making their voices heard so eloquently through these tools.

Introduction

Welcome to this participatory toolkit for understanding unpaid care work and its distribution within local communities and families. This introduction gives a brief overview of the background that led to its development, and some pointers on how to use the tools. Please note that these tools were developed and used in a pre-Covid-19 era and that they are designed to be implemented through face-to-face interactions rather than online means.

An overarching point in the use of the toolkit is that we consider unpaid care work to be a positive force – it sustains the market economy and forms the bedrock of all development. However, the unequal distribution of unpaid care work is problematic: it falls on the shoulders of women, rather than being distributed amongst other members of the family (men, other adults), or to the state (in terms of provision of resources and policies). While implementing these tools, it is therefore important to use language that expresses care as being good and important. Where there is talk of barriers/problems, these are accordingly framed in terms of the unequal distribution of unpaid care work.

The linguistic gender binary of the participants in these tools is worth discussing here. While we acknowledge and understand the shortcomings of this approach, the aim is to capture the lived experiences of care providers (mostly women) as against those who are the main recipients of care (mostly men), and those who fall in between these two categories – the adolescent children – who are both care providers and care recipients. Even in this group, in our field sites, we found that social norms dictated very strict division of space between the girls and the boys – and hence we have stuck to this gender binary. This toolkit would, we believe, be equally valid to capture the lived experiences of unpaid

care work of care providers and care recipients who do not fall under these gender binaries – and we encourage users to implement these tools according to their target groups.

We developed the first iteration of these tools in our 'Balancing Care Work and Paid Work' project, funded by the International Development Research Centre (IDRC), Department for International Development (DFID),¹ and Hewlett Foundation as part of the Growth of Economic Opportunities for Women (GrOW) programme. The project's objective was to understand the ways in which women are able to balance their paid work with their unpaid care work responsibilities. The mixed-methods project sought to collect data across four countries – India, Nepal, Tanzania, and Rwanda – with data collected in four sites in each country (16 sites in total). The other methods included a quantitative survey (50 women in each site; 800 surveys in total) and in-depth qualitative interviews with eight women in each site (128 women in total), as well as their families.

The participatory tools were developed with two main intentions: (1) **as a data collection tool** to gain a broader understanding of the social norms and perspectives of the wider community in each of the 16 sites; and (2) to be implemented with our local partners as **a sensitisation tool** for the community regarding women's unpaid care work burdens. Accordingly, each tool in this toolkit has a data collection objective, as well as questions for future discussion that have the potential to lead into further conversations and action points, depending on the facilitation.

The tools were developed specifically to understand the interaction of women's unpaid care work with their paid work. Accordingly, our primary target group for these tools is women who are engaged in some form of paid work. We are also

¹ Now the Foreign, Commonwealth & Development Office (FCDO).



Women in Udaipur, district of rural Rajasthan, India discuss items and symbols that make up their daily Care Basket.

interested in gaining insight on men's perceptions about women's work (both paid and unpaid), as well as observing and capturing the perspectives of adolescent boys and girls on these issues. To this end, we developed variations within some of the tools in order to work with these groups. These are reflected within eight of the ten tools in the toolkit, as captured in the [Tools index](#) below. Overall, this accounted for 17–18 tools being carried out by fieldworkers in each site – with a maximum of two tools per group of specific participants, in order to avoid fatigue.

A note on fieldwork logistics: we worked with a local organisation that had links within each site. This was imperative not only to gain entry into the community for our surveys and interviews but was also critical in two ways for applying the participatory tools. Firstly, the presence of the local organisation facilitated trust amongst the community members to come together in small groups as per each tool's target participants. The organisation's local knowledge helped in identifying and inviting people to participate in these tools, as well as in telling us the most appropriate time (and space!) that these groups could meet. Secondly, the local organisations were critical in taking up points of advocacy or action that emerged as a result of the

discussions within the community – thereby ensuring continuity of action around specific issues relating to women's unpaid care work, beyond the month that we were in the community. The tools (and our project) require a team of three people – the facilitator, the co-facilitator, and the note taker – and their respective roles are captured [below](#), along with a general list of materials required for carrying out these tools. Finally, an important lesson that we learnt about fieldwork logistics was to make each tool time-bound, in order to avoid discussion fatigue.

The structure of the toolkit is such that the tools flow from introducing the idea of unpaid care work and the myriad activities that it encompasses ([T001: Activity Mapping – 'What did you do yesterday?'](#) on page 8 and [T002: Care Basket](#) on page 13), to understanding the value of unpaid care by the main carer – usually the woman ([T009: Role Play – 'What would happen if...?'](#) on page 36), in the lived experiences of both care providers and care recipients. Tools T003 and T004 focus on the effects that the unequal distribution of unpaid care work has on women's bodies ([T003: Care Body Map](#) on page 17) and how seasonality – in terms of both agriculture and the weather, and also things like festivals and



Community Mapping Exercise in progress in a rural village in Nepal.

children's school exams – effects unpaid care work intensity (T004: [Care Calendar on page 21](#)). Tool T003 is especially effective in drawing out both the positive and the negative effects of unpaid care work. When done with women's and men's groups, the body mapping (tool T003) can be a powerful reminder as well as a realisation of the impacts of unpaid care work on women's bodies as care providers. When carried out with children's groups, their voices about the impact that they see on their own young bodies (both positive and negative) can throw light on their expectations, needs, hopes, and fears as recipients of care and also, in many situations, as substitute providers of care (especially adolescent girls).

Tools 005, 006 and 007 all focus on the resources that are required for care provision, and their availability (or lack of). While T005: [Care Marbles on page 24](#) focuses on care provision through employers or the market, T006: [Care Public Services Map on page 27](#) takes a critical look at public service provision that enables women to undertake unpaid care work without drudgery in carrying out these tasks. T007: [Care Wallet on page 30](#)

focuses on the allocation of financial resources within the family to care tasks – enabling a realisation that unpaid care work tasks require some input of money – which, of course, comes from paid work (of both women and men in the family). T008: [Care Work Matrix on page 33](#) brings together the real impacts that an unequal distribution of care can have on women's time, mobility, and overall wellbeing – and therefore how it may have impacted on their working and livelihoods.

Together, these tools provide a way of ascertaining and capturing research participants' understanding of women's unpaid care work – giving special attention to the lived experiences of carrying out unpaid care work and receiving care. The [Tools index](#) below provides a list of the tools, and the various groups that these can be carried out with. While it is not essential to apply these tools in the order that they are presented, or even all of them, we would suggest that this toolkit be used in its entirety, to gather in-depth knowledge of social norms around the distribution of unpaid care, and the impacts that these have on care providers' lives and livelihoods.

Tools index

Tool code	Tool name	Women's Group	Men's Group	Girls Group	Boys Group	Mixed Adults Group	Mixed Children's Group
T001	Activity Mapping – 'What did you do yesterday?'					✓	✓
T002	Care Basket	✓					✓
T003	Care Body Map	✓	✓	✓	✓		
T004	Care Calendar	✓					
T005	Care Marbles	✓					
T006	Care Public Services Map					✓	
T007	Care Wallet					✓	
T008	Care Work Matrix	✓					✓
T009	Role Play – 'What would happen if...'	✓	✓	✓	✓		

Note: Transect Walk and Community Mapping (T00) is an optional tool to start with (see [Annexe 1 – T00: Transect Walk and Community Mapping on page 39](#)).

General list of materials required

- White chart paper
- Coloured chart paper for making small cards (at least two colours)/big colourful Post-It notes (at least two colours)
- Markers – multiple colours
- Sketching pens
- Sponge balls/marbles
- Coloured Post-It notes – small star-shaped/any other shape
- Double-sided tape
- Sellotape (large roll)
- Masking tape
- Scissors
- Notebook and ballpoint pens
- Audio recorder

The main roles of team members for data collection

FACILITATOR: Focuses on content and process

- Ask for consent to record the exercises and take pictures/make notes, etc.
- Ensure one tool is completely finished before moving to the next one.
- If there is anything that is not related to the objective of the tool, park it aside.
- Ask the group one question at a time, and confirm with participants – *Are we OK with this? Can we close this? Can we go to the next thing?*
- Ensure everyone participates. Encourage those who are silent and invite people who are talkative to give others a chance.
- Always ask descriptive questions before analytical questions. This enables participants to open up and be at ease and move from concrete to more abstract thinking.
- Summarise learning for advocacy – ask groups to summarise, but step in if the summary goes off on a tangent.
- Never get caught up in negativity – instead, come back to the main focus of the tool.

CO-FACILITATOR: Focuses on doing things that the facilitator cannot do, alongside content and process

- Prepare materials and the room/space in advance.
- Welcome arriving participants and bring latecomers up to speed with the exercise.
- Keep track of time and ensure the activity continues to move along.
- Support the facilitator to stay on track – is s/he speaking too much? Signal to them to move on instead of overdoing a point.
- Check if people can see things, hear the conversation – encourage them to move in or around the space, etc.

- Ensure shared participation across the group – validate information with a larger group, rather than in one-on-one dialogue! This is called 'democratic validity'.

- Take photos of the process.

- Provide feedback to the note taker on the process at the end of the tool – so they write down that feedback.

NOTE TAKER: Only focuses on recording content using the note-taker template

- Note the profile of the group – number of participants and sex, age group, and income/class/caste variation – as much as is possible.
- Take notes to ensure that the essential information from each tool is captured.
- Note any prompts from the facilitator due to there being distance between our discourse and the community narrative/discourse.
- Capture 'Aha' moments – where there were points of heightened energy/reflection in the group.
- Note the tensions and differences within the content.
- Audio recording should be done where consent is given. Since transcriptions can be cumbersome to go through in full and difficult to attribute who said what, note taker must independently make notes. Record the timings of important discussions so the transcript for those sections can be more closely revisited. Keep track of any gaps in the notes which can be verified with other facilitators/transcripts later.
- Write down the co-facilitator's feedback on the facilitation process and the group process. This is important to prove validity of the research.

T001: Activity Mapping – ‘What did you do yesterday?’

Description

This tool looks at the activities that women and men do each day and how this contributes to the local economy. The tool asks participants to think about all the **activities they do in a normal day** and maps these out on cards for participants to categorise. This includes activities such as cooking breakfast, collecting water, resting, working in the fields, selling goods at the market, or participating in a community meeting.

Objectives

- 1 To explore how unpaid care work and paid work time (labour) is distributed at home between men and women or between girls and boys.
- 2 To explore the underlying norms and assumptions behind role distribution between men and women or between girls and boys.

Used with:

- Mixed Adults Group
- Mixed Children’s Group

Note to facilitator: Men selected to participate in this exercise must be married to wives who are engaged in paid work.

What information is collected?

- 1 What are the differences between men’s and women’s or girls’ and boys’ activities?
- 2 What are the norms and assumptions about what activities are considered work, and who does what?
- 3 Which of the tasks have a repetitive nature?
- 4 What is forgotten by whom? This shows the importance that each gender accords to daily activities.



Men and women in Dungarpur in rural Rajasthan, India discuss and map their activities of paid and unpaid work on a normal day.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12, but max. 15

Time to be taken: Approximately 1.5 hours

Materials preparation: Plenty of index cards in two different colours. Enough pens for all participants. Heading cards with symbols drawn to represent the different categories of work as follows:

- Care for People
- Care for Environment
- Paid Work
- Social and Cultural Activities
- Rest and Leisure
- Self-Care and Hygiene

Steps

1 Divide participants into two same-sex groups, i.e. men and women. Give each group a set of cards. Men and women should be given different coloured cards; for example, green cards for men and yellow cards for women. Similarly, in the Mixed Children's Group, divide the group into boys and girls and give each group different coloured cards.

2 Ask each group to list **all the activities** that they do in a normal day. This is an exhaustive and inclusive list of all activities done by anyone in the group and not only those that are engaged in by everyone. Participants must draw or write **only one activity per card**.

Note: In a women-only group, women can list what they think spouses/other men do during the day.

3 Once participants have finished writing their activity cards, the facilitator invites participants to group the activities under categories one by one as described in the steps below. The categories are discussed as per the following order:

- Care for People
- Care for Environment
- Paid Work
- Social and Cultural Activities
- Rest and Leisure
- Self-Care and Hygiene

Refer to the [table on page 11](#) to see which activities are grouped under which categories of work.

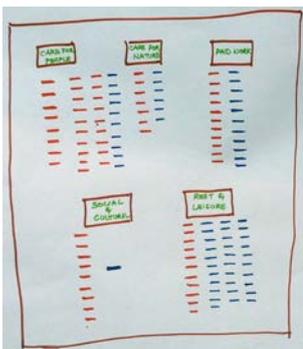


Chart showing the gender division of labour of various activities by women and men.

4 Ask, *Which of these activities helped you take care of your family and friends?* Participants group activities together

as per the four categories – care of children, care of adults, housework, and collection of water and firewood – listed in the table). Be careful to ensure that no self-care activity goes here; only include if it is done to others. The facilitator then places a card above these activities titled **'Care for People'**.

5 Ask, *Which of these activities relate to animals and natural resources (land, trees, plants) around you?* Participants then group these activities together and the facilitator places a card above them titled **'Care for Environment'**. Cleaning can go in the middle of 'Care for People' and 'Care for Environment' depending on whether it is for people or for the environment.

6 Ask, *Which of these activities are paid or generate income?* Participants group these activities together and the facilitator places a card above them titled **'Paid Work'**. Transport will be categorised according to the reason for taking that transport – if for paid work, it will come under this heading.

7 Ask, *Which activities contribute to the life of the community?* Participants group these activities together and the facilitator places a card above them titled **'Social and Cultural Activities'**. This includes wedding/funeral participation, community meetings, etc.

8 Ask, *Which activities are considered personal, for rest and leisure?* Participants group these activities together and the facilitator places a card above them titled **'Rest and Leisure'**. This includes learning activities, mass media usage, going out with friends, and sleeping.

9 Ask, *Which activities did you do for looking after yourself and keeping your body clean?* Participants group these activities together and the facilitator places a card above them, titled **'Self-Care and Hygiene'**. This includes eating, bathing, etc.



Women in rural Rajasthan, India discuss among themselves while men review the activity cards for various categories of work in the Activity Mapping tool.

10 Let participants review and re-categorise cards if they want to until they are satisfied. Now ask:

- *Does this activity mapping capture all the activities you do?*
- *Is there anything missing?*
- *What activity did you forget? Why?*

After this question, participants may choose to add more cards to the spread. These may not necessarily take place in a usual day, but still should be significant to their lives; for example, taking care of guests during festival seasons. The note taker must make note of the 'forgotten' cards that were added at this stage and the reasons given.

11 Look at the cards and pick out certain cards (two or three usual activity cards and two or three unusual activity cards) and probe the participants on them to generate discussion. For example, usual activity cards can be those that might be repetitive. Now ask:

- *What activities do men and women do that are the same, and why?*
- *What activities do men and women do that are different, and why?*

■ *Which activities do men spend more time doing? And women? Why?*

■ *Can both men and women do the care activities listed here?*

■ *Who has less time/more difficulty to do paid work?*

■ *What activities take up the most time for you? (Ask men and women to answer this question one by one)*

■ *What is it that you don't do/can't do? (Ask men and women to answer this question one by one)*

■ *What can the men do to help women reduce their workload?*

Note: If farming or livestock arises, clarify whether farming gives them income or not, then add cards accordingly. You can even put two cards down for farming if, for example, some of it is paid and some is not.

Variation: Modify the above questions suitably by replacing men with boys and women with girls when conducting the activity for the Mixed Children's Group.

12 Look more closely at the 'Care for People' and the 'Care for Environment'

cards and discuss the following questions:

- *Would you like to change anything in these two lists? What and why?*
- *If there is anything that you want to give up (and that you don't want to do)? Who would you give the tasks? And why?*
- *What would you do in the time that you now have as extra?*

■ *How can women give up some care work so they are able to participate more in paid work?*

Closing

- 1 Ask participants to **summarise** and say what they **learnt** from this exercise.
- 2 Facilitators can also add their own learnings at the end.
- 3 Ask if they have any questions.

[FOR THE FACILITATOR'S REFERENCE ONLY]

This table provides an overview of the different categories of activities that can be included.

S. No.	Activity category	Examples
CARE FOR PEOPLE		
1	Care of children	<ul style="list-style-type: none"> ■ Feeding a child ■ Bathing and dressing a child ■ Playing with a child ■ Helping a child with school work ■ Accompanying a child to school or clinic ■ Being in charge of a child
2	Care of adults	<ul style="list-style-type: none"> ■ Feeding a disabled, old or sick adult ■ Bathing a disabled, old or sick adult ■ Accompanying an adult to health clinic or any other public service ■ Moral support ■ Community work
3	Housework	<ul style="list-style-type: none"> ■ Preparing food/cooking ■ Cleaning the house and compound ■ Washing clothes and ironing ■ Shopping for food and household products ■ Household repairs and construction
4	Collection of fuel or water	<ul style="list-style-type: none"> ■ Collecting firewood ■ Collecting water
CARE FOR ENVIRONMENT (ANIMALS AND LAND/TREES/PLANTS)		
5	Unpaid work	<ul style="list-style-type: none"> ■ Subsistence agriculture ■ Livestock rearing (care, feeding, herding/tending) ■ Fishing/hunting ■ Growing vegetables ■ Recycling ■ Water board committee member ■ Agricultural work (opening land for tilling, weeding/harvesting, etc.) if unpaid on family land

PAID WORK		
6	Paid work	<ul style="list-style-type: none"> ■ Doing wage or salary work ■ Working in own/family small business ■ Small-scale trading ■ Producing products for sale/market (including home-based work) ■ Public waste collection ■ Agricultural work (opening land for tilling, weeding/harvesting, etc.) if paid/monetised ■ Casual labour
SOCIAL AND CULTURAL ACTIVITIES		
7	Familial social and cultural activities	<ul style="list-style-type: none"> ■ Socialising with family ■ Praying ■ Attending a ceremony (e.g. funeral, marriage) ■ Attending a sports event
8	NGO/community activities	<ul style="list-style-type: none"> ■ Participation in village meetings ■ Participation in NGO-organised events and meetings ■ Organising activities, e.g. providing information, creating awareness, identifying and recruiting new members ■ Mobilising activities – calling people for training, meetings, etc.
REST AND LEISURE		
9	Learning	<ul style="list-style-type: none"> ■ Attending adult education class ■ Doing homework
10	Mass media use	<ul style="list-style-type: none"> ■ Watching television ■ Listening to radio ■ Using the internet ■ Reading newspapers ■ Using mobile phones
11	Rest and leisure	<ul style="list-style-type: none"> ■ Sleeping ■ Resting in bed ■ Socialising with friends
SELF-CARE AND HYGIENE		
12	Personal care and hygiene	<ul style="list-style-type: none"> ■ Eating or drinking ■ Dressing oneself ■ Washing oneself; bathing ■ Receiving health care

T002: Care Basket

Description

This tool uses the image of a basket that can only contain a certain number of objects representing unpaid care work and paid work. Like a day only has 24 hours, so a basket can only contain so many things. Participants discuss the need for a balanced care load at home (rather than care overload) to be able to do paid work. It is used with women-only groups but also with Mixed Children's Groups in order to understand the perceptions of children as care providers whose mothers/carers undertake some form of paid work.

Objectives

- 1 To explore how too much care work affects the capacity to do paid work.
- 2 To explore norms and values around sharing care.
- 3 To explore how care work can be shared at home and beyond.

Used with:

- Women's Group
- Mixed Children's Group – the group should have boys and girls whose mothers/primary carers do some form of paid work.

Note to facilitator: The reasons why care concentration negatively affects paid work has to do not only with lack of time but also with lack of mobility, energy, and health. This tool only plays with the symbolism of limited 'time' in a day (see [T008: Care Work Matrix](#) for a wider analysis).

What information is collected?

- 1 Understanding of norms and values.
- 2 How is work redistributed within the family, and what are the effects of that redistribution?
- 3 What work is considered crucial for women to do themselves, and what can be given up?

- 4 What is the response from people when you introduce the state/government as a care provider – do they see it as impossible/unbelievable, or doable?
- 5 What symbols are used to indicate various care activities and why?
- 6 How can local NGOs/women's economic empowerment (WEE) programmes facilitate a positive sharing of care within the household?

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately 30–35 minutes

Materials preparation: Arrange some locally used materials as symbols for care activities and paid work. Keep some things as a back-up to be used as symbols (e.g. pens and/or glasses).

Steps

- 1 The facilitator presents a **basket** that can **only contain five things** and finds a volunteer to hold it. If there is no basket, the two hands of the volunteer are put together or a bag or a cloth can be used instead.
- 2 Ask the volunteer to cite **five care activities** that take most of her/his time and to give a symbol to each (i.e. cleaning can be a broom, cooking a food item, etc.). The other participants can help. The symbols can be real objects or drawings on paper and put into the volunteer's basket/hands.



A facilitator fills up a woman's Care Basket in urban Madhya Pradesh, India.

Note: Ideally use objects that can be procured locally or drawings as symbols for activities rather than writing – ask participants to choose the symbols. The basket can contain **only** five items to represent five activities undertaken. They can be of the 'unpaid care work' or the 'paid work' variety.

- 3 Ask participants to imagine that the volunteer got a part-time **paid job**. Ask them to choose a symbol to represent that paid job and add it to the basket. The facilitator agrees with the participants that the basket has six things but it can only contain five. The basket is now too full. Ask the volunteer to take out one **care object** so that paid work can stay in the basket.
- 4 Introduce the role of a **care helper** for the volunteer. Ask another participant to be the care helper. This can be someone from the **family**. Ask the volunteer who she is going to give one

care symbol to in her family (e.g. the daughter, the husband). Once the volunteer has decided, the care helper will take on one care activity so that the volunteer can do paid work.

5 Ask the volunteer:

- Why **did you choose** the person you chose and not another one? (the husband, for example)
- Why **did you choose** the activity you chose to give away and not another one?
- How **did you feel** about giving away that particular care activity? And calling upon that person?
- How **did you feel** overall with less care work? What **would you do** with the extra time?

6 Discuss with the group:

- Can a caregiver do paid work when s/he has so much unpaid care work to do (five things in the basket)?
- What does an overloaded basket show us in terms of care activities and paid work?
- Is there **anyone else** that could have helped besides the person the volunteer decided to choose?

- 7 Introduce a **second care helper** (who can be represented by another volunteer). This time, this helper is not going to be from the family or the community but from the state/government. Based on one of the care activities the volunteer still has in the basket, the facilitator will ask the volunteer to choose who to call upon (e.g. the state has taken responsibility for water collection, the local government installed a water point; there is a school/crèche for children, etc.). The volunteer can now take a full-time job rather than a part-time job. Represent it with two objects rather than one object of paid work in her basket.

8 Ask participants to imagine there is some community organising to do. Represent that meeting with a symbol and add it to the basket. Now the basket is too full again. Ask the volunteer,

- Which **care object** would you remove so that the organising/meeting can stay in the basket?
- Why?

Optional: The facilitator can then introduce a **girl child as the care helper** and ask what happens to the girl's education if her own basket is already full of care activities and she still receives one more. The facilitator can comment that the care transfer onto another caregiver can be negative for that person (girl child).

9 Discuss with the group:

- *Can the state/government take on some responsibility for care work as family members do? (i.e. set up crèches; provide piped water/toilets, better education facilities, adequate transport facilities – roads, etc. – and allowances for fodder and fuel, etc.).*

A woman in rural Udaipur in Rajasthan, India sits with her Care Basket full of items symbolising unpaid care activities, such as child care, fuel and water collection, and cooking.



- *Can someone else take on some responsibility for care work (e.g. employers)?*
- *What happens when there are community meetings? Or NGO-related activities to do? Are women able to participate?*
- *What is the situation in your community? Who would you ask help from?*

10 Offer the **conclusion** that if care work is mainly done by one person, she will find it hard to do paid work because she has no time (or cannot move easily or is too tired/sick). If care is shared between **family, community, the workplace, and the state**, then our caregiver will be more likely to do paid work.

Variation for Mixed Children's Group:

1 Ask a **boy volunteer**:

- *What are three or four things that you do at home? Find symbols to represent them and place them in a basket in his hands.*
- *What else do you do? (work, play, school). Add symbols or objects that represent these activities.*
- *Do you have enough time to do all this – that is, is it too heavy in your hands? If not, why?*
- *Which tasks will he give up to accommodate his needs, including rest and leisure activities? And to whom will he give them?*

2 Then ask a **girl volunteer**:

- *What are three or four things that you do at home? Find symbols to represent them and place them in a basket in her hands.*
- *What else do you do? (work, play, school). Add symbols or objects that represent these activities.*

■ *Do you have enough time to do all this – that is, is it too heavy in your hands? If not, why?*

■ *Which tasks will you give up to accommodate your needs, including rest and leisure activities? And to whom will you give them?*

3 Discuss:

■ *Are there any differences between the care activities that boys and girls do?*

■ *Are there any care activities that you take up to help your mother/carer when she is working outside home?*

■ *What are the effects of your care tasks on your capacity to go to other places (mobility)?*

■ *What are the effects of your care tasks on your health?*

Closing

1 Ask a participant to **summarise** the main **learnings** and **action points** – especially in terms of what each actor (including themselves) and the local organisation/ women's economic empowerment (WEE) programme can do in facilitating a positive sharing of care within the household.

2 Ask if they have any questions.

T003: Care Body Map

Description

This tool asks participants to draw out the unpaid caregiver's body and discuss how they feel, both physically and emotionally, as a result of the responsibility for unpaid care work and paid work together.

The outline of the body is used to help participants visualise and discuss this together. It is conducted in same-sex groups only. In women-only groups, they draw and discuss the impact on their own bodies. In men's groups, they draw a body that represents their unpaid caregiver (wife, mother, sister) and discuss. In girls-only and boys-only groups, they discuss the impact on their own bodies.

Objectives

- 1 Identify the impact, both positive and negative, of the sum of unpaid care work and paid work on women's bodies and wellbeing.
- 2 In boys-only and girls-only groups, identify the perceptions of children as care receivers on the impact/implications, both positive and negative, of the main caregiver's paid work on them.

Used with:

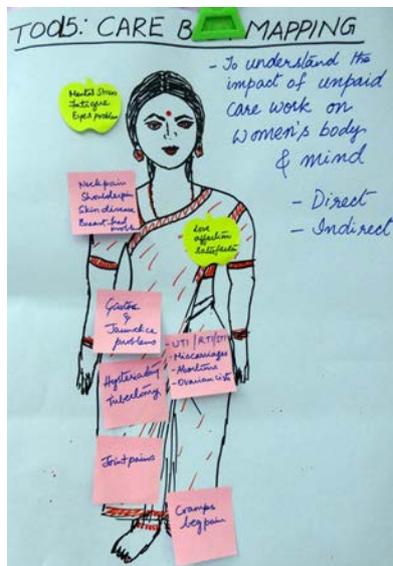
- Women-only group
- Men-only group
- Girls-only group
- Boys-only group

Note to facilitator: Focus on all parts of the body by asking questions like, *What happens to the heart? What happens to the head?*, etc. Focus on both positive and negative effects. Also, have the local community-based organisation present in case any emotive issues such as domestic violence emerge. It can also be good for advocacy by the local organisation.

What information is collected?

- 1 Details of what types of health problems women face in different parts of the body, and the reasons why these are problems.

- 2 Are certain body parts more vulnerable over others?
- 3 An exploration of material, physical, and psychological effects on the care receiver – both positive and negative.
 - The effects on **material aspects** of the care receiver – include clothes, food, shoes, pocket money, mobile phone, education, etc.
 - The effects on **physical aspects** of the care receiver – such as neglect, safety/security, abuse, accidents, nutrition, and taking on more care responsibilities.
 - The **emotional effect** on the care receiver – how they feel about their mothers taking on paid work regarding amount of attention, vulnerability, loneliness, attachment, time for themselves, independence, fear of abuse, family relations, feeling overwhelmed, nature of relationship with other significant males.
- 4 Any social norms/limitations/pressures to do specific types of paid work?
- 5 The differences in perceptions about care receiving amongst children whose mothers/main caregivers go out to do



Body Map showing impact of unpaid care work on various parts of a woman's body.

paid work, those who stay at home and do paid work, and those whose mothers do not do any paid work or go out of the house.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately 45–55 minutes

Materials preparation: Sheets of white chart paper pasted together to make a big enough area to accommodate a body. Small Post-It notes – star, flower or heart shaped – in two different colours. Pens.

Steps

- 1 Find a safe space to do the body map exercise appropriate for each gender and age-specific group (i.e. **women-only/girls-only/boys-only/men-only**).
- 2 Draw an outline of a woman either on the ground or on a large sheet of paper. A quick way to do this is to ask one of the participants to volunteer to lie on

A young boy in rural Mehelkuna district, Nepal lies down on chart paper to have his Body Map drawn.



Care Body Map exercise being conducted with rural women in Korogwe district, Tanzania to bring out the ways in which heavy unpaid care work affects their physical and psychological health and wellbeing.

the floor and draw around their body. However, this may not be appropriate in some contexts and so the body can be just drawn freehand.

- 3 In a **women-only group**, ask participants: *How do your **unpaid care work activities** impact on your body and how does that make you feel?*

Also ask: *How do your **paid work activities** impact on your body, and how does that make you feel?*

In a **men-only group**, ask participants: *How do the **unpaid care work activities** that your main caregiver at home does (wife, mother, sister) impact on her body and her health, and how do you think that makes her feel?*

Also ask: *How do her **paid work activities** impact on her body, her health, and how do you think that makes her feel?*

In a **girls-only or boys-only group**, ask participants: *What is the effect of your mother (or caregiver) going out for **paid work** on you and your body?*

- 4 Ask participants to indicate (using two different coloured Post-It notes or sticky labels – one colour for the effects of **unpaid care work** and one colour for the effects of **paid work**) on the body map the **positive and negative impacts** that they have experienced.
- 5 Ensure **both unpaid care work** and **paid work** are covered. Also ensure that the **material, physical, and emotional effects** of both unpaid care work and paid work

are covered. For example, headaches/backaches as a negative result of carrying heavy water containers for long distances. They can be drawn onto the map using symbols/colours to indicate these different **physical effects**.

6 Ask the **women** the following questions:

- What **can you see** in the arms and legs? And in the head? And in the heart? And in other parts?
- What are the work activities that bring you **pleasure**? Why?
- What are the work activities that affect you **negatively**? Why?
- How do the **effects of unpaid care work** on your body affect your ability to **do paid work**?
- How do the **effects of paid work** on your body affect your ability to do **unpaid care work**?
- How does the **nature of your paid work** (informalisation, etc.) make you feel? **Why do you do this type** of paid work?

A group of men in Mehentada district, Nepal use multicoloured Post-it notes to highlight the effects of unpaid care work and paid work on the body of their womenfolk.



Boys in rural Korogwe district, Tanzania indicate the body parts which get impacted due to their undertaking more unpaid care work when their mothers/primary caregivers are away for paid work.

Ask the **men** the following questions:

- What **can you see** in the arms and legs? And in the head? And in the heart? And in other parts?
- What are the work activities that bring her **pleasure**? Why?
- What are the work activities that affect her **negatively**? Why?
- How do the **effects of unpaid care work on the body** affect her ability to **do paid work**?
- How do the effects of **paid work** on the body affect her ability to do **unpaid care work**?
- Is this the same for men?
- How do you think the **nature of her paid work** (informal, etc.) makes her feel? **Why does she do this type** of paid work?

Ask **girls or boys** the following questions:

- What **can you see** in the arms and legs? And in the head? And in the heart? And in other parts of the body?
- What are the **good things** about your mother/caregiver doing paid work?
- What are the **negative aspects** of your mother/caregiver doing paid work?

- *Is there a difference in these effects when your mother/wife/sister is doing **unpaid care work** at home compared to when she is going out to do **paid work**?*
- *Do you have to take on any care work to help your mother? How does that **impact your body** – positively/negatively? (ask about both emotional and physical effects)*
- *Is there a difference in the **amount of play/schoolwork** that you can undertake when your mother/caregiver is around?*
- *Is there a difference in the care that you receive compared to the care that you think other children receive whose mothers do not do paid work?*

7 The body map can also be used to discuss good and bad **emotions** created by caring. These can also be drawn/stuck onto the map using symbols/colours/Post-It notes. See if the group differentiates between care as a good thing, and the burden of doing too many care activities.

8 Finally, ask the **women** these **action questions**:

- *How can there be more positive and less negative effects?*
- *Who can help you in increasing the positive aspects of your unpaid care work?*
- *Who can help you in increasing the positive effects of your paid work?*

Ask **men** these **action questions**:

- *How can there be more positive and less negative effects?*
- *Who can help women in increasing the positive aspects of their unpaid care work?*
- *Who can help women in increasing the positive effects of their paid work?*

Ask **girls and boys** these **action questions**:

- *How can there be more positive and less negative effects?*
- *Who can help you in increasing the positive effects of your mother's/caregiver's paid work?*

Closing

- 1 The facilitator can **summarise** the activity and **highlight the positive aspects**.
- 2 Share the **key learnings** and the **actions** of how the positive aspect(s) can be increased.
- 3 Ask the participants if they have any questions.

Tips for facilitator: This exercise may raise issues around violence – either physical, verbal, emotional, or sexual – that women experience as a result of their daily activities. Women may experience violence in public spaces while doing their unpaid care work or paid work such as when they have to travel long distances to collect water or firewood. They may also experience violence in their home as a result of tensions about what men or other household members expect of women's unpaid care work – such as disputes over the quality of the meal prepared, or the time spent on paid work instead of unpaid care work. Be prepared to deal with these issues if they come up. Having information about organisations working on issues of domestic violence can be good to give out to participants, but leave them to decide whether to access those services or not.

If women mention that men also get tired, you may ask and problematise who gets more sleeping time and free time to rest. And if women mention that they are happy with their care work, ask whether they feel the same way when the care work becomes too much and it hurts them. Distinguish between care as a good thing and the burden of too much care.

T004: Care Calendar

Description

This tool enables participants to explore how the variations in the overall workload changes throughout the year through a calendar matrix, especially with changes in seasonality or significant events such as school exams or festivals.

Objectives

- 1 To explore when in the year one has more workload, including unpaid care work and paid work.
- 2 To know when and what type of programmes to use to reduce and redistribute unpaid care work.

Used with: Women-only groups

What information is collected?

- 1 The main activities and why they were considered important.
- 2 How seasonality affects changes in their workload.

3 Reasons why work is more in one season over another – for example, because of nuances like festivals, school exams, shorter days in winter, wood getting wet in rains, etc.

4 Who takes on more care (e.g. children, old-aged people) when there is pressure of other work (paid or agricultural unpaid work).

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately one hour

Materials preparation: One sheet of white chart paper, markers, pens, pebbles or beads.

Option 1	Season 1			Season 2			Season 3			Season 4		
Option 2	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fuel collection	xxx											
Water collection	x											
Food production or provision	xx											
Taking care of the ill	xx											
Childcare	x											
Housework	xx											
Paid work	xx											
TOTAL	13											

Steps

- 1 Draw a line on the paper from left to right to represent a year. Ask participants how they want to divide the year. For example, this can be done by following agricultural periods (pre harvest, harvest, monsoon, rainy season, dry season, etc.) or with the months of a calendar year.

Note: Ideally use drawings that represent seasons and activities in addition to words. The participants can also choose to reference both seasons and months, to help them think. The facilitator prompts for details as necessary. Do not spend too much time in filling up the paper to save the group's energy for the discussion steps. Seasons are faster than months.

- 2 Ask participants to refer back to their daily lives and identify those daily activities that take up a lot of their time. Out of the brainstorming, choose **five to seven activities**, i.e. four to six **unpaid care work activities** and **paid work** (count as one activity). Write or otherwise represent these in the left column – see table above.

- 3 Ask the women to **rank the first activity**

Women in Mehelkuna district, Nepal fill up the Care Calendar using one, two, or three '+' signs to indicate the extent of time taken up by various care activities across the year.



with one, two or three pebbles/beads/cross marks for each month/period. One pebble indicates that the work demands only a little bit of time, two pebbles indicate the work takes up more time, and three pebbles mean that the work demands a lot of time. Do the same with all activities/rows.

- 4 **Sum up all activities in the final column** as in the table above, and ask:

■ *Which months have a heavier workload in general? Which less? Why?*

■ *If we take all unpaid care work activities together (without paid work), which months have more unpaid care work? Which less? Why? How does this affect your paid work?*

■ *Is there any month/period with more paid work? Why? How does this affect your unpaid care work?*

■ *Are there any meetings/NGO work/community work that you do that take up considerable time in any one season? How does that affect your unpaid care work and paid work?*

- 5 Finally, ask about the **effects of the heaviest workload month/season on their family members:**

■ *How do you organise things at home during this high-pressure period? Who takes on care work when you are too busy?*

■ *How does that affect the people you care for in the family (old people, children, sick, etc.) when there is a lot of pressure from work?*

Closing

- 1 Ask participants to summarise what happens to their workload throughout the year, and to highlight the main learnings and action points that have emerged from this exercise.
- 2 Ask if they have any questions.



Rural women in Rajasthan, India use a marker to rank how much time various care activities take up.

Tip for facilitator: The facilitator can discuss with the group types of unpaid care work that only happen during a certain period, such as cooking and making/mending clothing for religious festivals, helping with health vaccination campaigns and other community activities, 'extra cleaning' from either dust/mud, difficulty of drying clothes during rainy weather, etc.

T005: Care Marbles

Description

This tool uses the imagery of a marble that moves between two columns – the external employer/NGO programme/cooperative/state (depending on what sort of employment the participants are engaged in); and the family. If the employer (or other) is the main provider of a care service, such as childcare, then the marble rolls over to the employer/programme/cooperative/state column side. If the care service is provided by the worker or her/his family, then the marble rolls to the family's side.

Objectives

- 1 To explore what care services are provided at a (paid) workplace/ women's economic empowerment (WEE) programme and how that affects women's care work back within their families.
- 2 To discuss the need for decent paid work and social security benefits to

enable women to fully perform (and enjoy) their caring of families and friends.

- 3 To raise participants' awareness of their rights as workers and how the violation of workers' rights leads to a care transfer from the employer to the poorest families.

Used with: Women who are in paid work.

What information is collected?

- 1 What are the care services that are most important to the women?
- 2 Who is currently providing these services?
- 3 What are the perceptions and expectations regarding the role of the state, and the private employer? What are the aspirations for how these services can be provided?

A group of rural women in Rajasthan, India use balls in the Care Marbles exercise to indicate which care activities are provided by the government, an employer, or the community vs which are provided by families.



Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately 30–40 minutes

Materials preparation: One sheet of white chart paper, several balls. Use the balls to depict marbles rather than Post-It notes. Balls are better as they convey movement of care responsibilities towards the already overburdened family.

Note to facilitator: Be aware of the situation on relevant legislation (formal/informal workers, informal workers' rights) and of local associations dealing with workers' rights.

Steps

- 1 Participants share with the facilitator what type of workplace they are talking about. (Are they employed? Are they self-employed?)
- 2 The facilitator introduces the idea of sharing care work in the workplace. This means that, according to labour rights' international standards, the employer has the obligation to bear some work-related care costs. If there is no employer, the **state** is ultimately responsible to provide social protection. Some examples could be – a childcare facility for workers, funding for pensions or for costs of medical care if there are accidents, compensation for sick days, and contributions to local care initiatives such as a health centre.
- 3 Ask participants to write down a list of the work-related care services most important to them. This may require some prompting, especially when we are asking about state-provided care services such as maternity benefits or crèche, etc.

Note: Draw these **care services on circles representing balls** rather than writing them down (see photo below).



Drawings of care services indicating child care, money, health, safety, and time clocks.

- 4 You also need a big sheet of paper that you can fold as per the photo below so that one part is higher than the other.

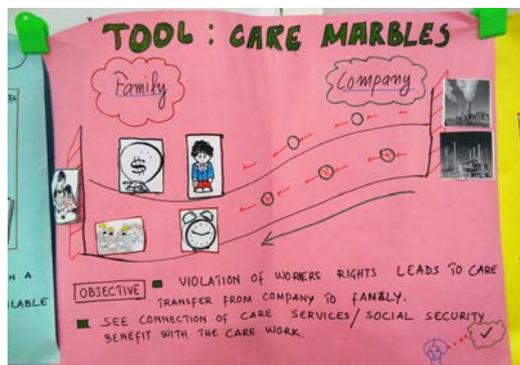


Chart to depict how care activities might transfer between employer and family.

On the higher part ('hill') draw/write 'company/employer' and 'state/government' if participants are employed. Alternatively, if they are informal workers – self-employed or working for small-scale employers – draw/write only 'state/government'. You may also add 'NGO programme' or 'cooperative' if applicable. On the lower part ('valley'), draw/write 'families' in all cases.

Alterations to the tool: For those who are **self-employed**, change the 'employer' column for a 'state' column since the state is ultimately responsible to provide social protection schemes to informal workers. If workers are part of **cooperatives/collectives**, or receive support from an **NGO programme/organisation**, one more column can be added to represent it and see how that support is related to care. This will help analyse how well they are doing in providing care services to their members/beneficiaries. All these actors

(state/programme/cooperative) stay up on the slope. The family remains down the slope in all cases.

5 Between the hill and the valley, there are 'care' marbles that keep moving. Ask participants to think of what is happening with each of the care services they have listed at the beginning with these questions:

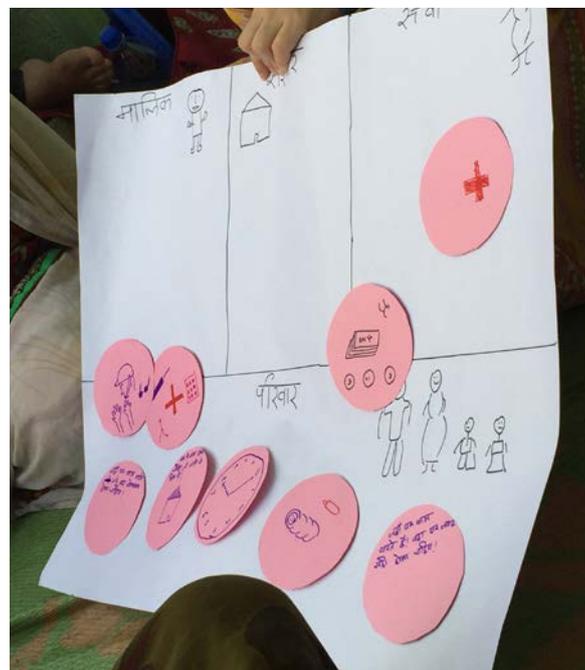
■ Are these care services (e.g. childcare) covered by the employer/state? If yes, then put the care marble for childcare up on the hill.

■ Are these care services not covered by the employer/state and thus transferred to the workers' families? Then put the care marble down in the valley.

■ How many care marbles are on the hill compared to in the valley? Why?

Note: If ideas like decent working conditions or minimum wages come up, the facilitator needs to relate them to care – how does this affect your care work? And redirect it? What care services are required for catering to this care work?

6 In present times, deregulation and flexibilisation of work policies make all or most care marbles appear on the worker and the worker's family side (care transfer from private sector/public



Care Marbles exercise being conducted in urban Indore, India using round paper circles to represent movement of care activities across the chart paper between employer, community and state (top) and the family (below).

sector side). Ask, *How do you think this affects women's unpaid care work burden at home?*

Closing

- 1 **Summarise** and ask participants: what did you **learn** from this exercise that you did not know before?
- 2 Discuss any **action points** to improve the situation, e.g. which care service can be taken up by the employer/programme that you are working with?
- 3 Ask if they have any questions.

T006: Care Public Services Map

Description

With this tool, participants use a map to analyse and prioritise the most needed care public service in their area.

Objectives

- 1 To explore what and how care-related public services are provided by the state and how that affects women's workloads back within their families.
- 2 To analyse and prioritise the most needed public service related to care in the participants' area.

Used with: Mixed Adults Group

Note to facilitator: You will need a group that lives mostly in the same hamlet/area rather than disparate areas that have different services/needs. Also, you might have to explain what a public service is, and why the state needs to be responsible to help with care responsibilities (e.g. how everyone is paying tax so the state can give back some service).

What information is collected?

- 1 Which specific public service was chosen? Why was this – what were the links to care that were made by participants?
- 2 Expectations from the state and perceptions about the state's role.
- 3 Views about the state – is it going to give these public services? Values and norms about who should provide care; and understandings about what is a public service?
- 4 How can the women's economic empowerment (WEE) programme/NGO facilitate access and provide public services?

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.



Men and women in Chandannath district in rural Nepal draw a Care Public Services Map.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately one hour

Materials required: Two to four sheets of white chart paper joined together

Steps

- 1 Ask participants to draw a community map. Or they can use the same community map that was drawn for exercise T00. If drawing the map from scratch, use the process outlined in [Annexe 1 – T00: Transect Walk and Community Mapping](#). Map out the specific landmarks, such as school, factory, health-care centre, etc. The facilitator needs to move the group along by ensuring they mention only the key points and not too much detail.
- 2 **ONE public service** is agreed by the participants for analysis, e.g. water provision. (Analysing many services at the same time would complicate the tool.) The prioritisation can be based on the public service that would most help families in reducing/redistributing care. Other services could include sanitation, health-care facilities, toilets, crèches, etc.



Men in a village in Dungarpur, India detail out a map of their community to indicate which care services are available and where.

3 Ask the following questions about **water**:

- Where are the places where you can get water? Write them on cards/ Post-It notes on the map. (Refer to photo on page 29)
- Who provides the water in these places – the family, the community, the shops, the state? You may add a symbol for the provider on the cards.
- In these places, do you pay for water? You may add a money symbol, e.g. rupee, on the cards.

4 Ask questions about **quantity, quality, and access**:

- Are there enough basic and free/ cheap public water services provided by the state in your area? Circle them.

■ Does the state water service need improvement (e.g. it is not functioning, too far away, etc.)? Can you drink that water?

■ Can everyone access these water services? Who cannot?

5 Relate how the points in the previous discussion, i.e. paying for water services or not having a workable water point, **affect care overload in families**, such as women and girls fetching water over long distances.

6 Finally, ask how these problems affect women's capacity to do **paid work**.



Group in India locating availability and sources of water provision in the locality and adjoining areas.

Closing

- 1 Ask participants to **summarise** what they have learnt from the exercise.
- 2 Highlight the **learnings** on the role/ responsibility of the state in providing public services.
- 3 Point out **action points** in your area to solve these issues locally with public services, especially on how

community-led organisations and local NGOs can facilitate access and make the state provide public services.

- 4 Ask if the participants have any questions.

Optional: You may want to **repeat** the exercise for other care services, such as childcare.

T007: Care Wallet

Description

This tool focuses on how families earn and spend their income on products related to care and what access and control women have on the money/income entering the family. While **T001: Activity Mapping – ‘What did you do yesterday?’** assesses how families can redistribute their **time** on care, this tool analyses how households can distribute their **income** on care.

Objective

To explore how care resources are accessed, controlled, and distributed at home between men and women.

Used with: Mixed Adults Group

What information is collected?

- 1 Gender roles and norms about financial control – Who decides what to spend on which activity?
- 2 Decision making about resources.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12



Care for People	Personal (expenditure on self) and Social Care (expenditure on those not in your family or self)	Care for Environment	Non-Care
Medicine		Broom	Alcohol



Men and women in rural Tanzania circle around a table to discuss the various heads of expenditure on care and non-care products under the Care Wallet exercise.

Time to be taken: Approximately 30 minutes

Materials preparation: Cards in two different colours

Steps

- 1 Ask for the wallet of any of the participants to be used as an example (or the facilitator can draw a wallet). The drawn or real wallet can be placed on the floor.
- 2 Separate the group into men and women and give each a set of cards. Men and women should be given different coloured cards; for example, green cards for men and yellow cards for women. Ask, *What expenditures did your family have in the last month?* These are to be written on the cards, **one card per expenditure**. Give as many cards as are needed. Ensure both groups write a similar number of cards.

Answers may include: medicine, clothes/ uniforms, food, water, energy, soap, brooms/cleaning materials, school materials, livestock, condoms, transport, mobile phones, seeds.

Note: If alcohol/cigarettes become self-care, ask: *Is it care if it negatively affects*

your health? Does everyone think like this? Is there anywhere else that this can be put? If participants still insist, then it is OK to leave it in self-care.

- 3 Ask the following questions to categorise the different expenditures:

- *Of these expenditures, which ones relate to **care for people in our family**? Put them in one group.*
- *Are there **care expenses** that are **personal** (for oneself – on self-care and hygiene, for example) and **social** (for community, non-family members)? Create a new group for them.*
- *Are there expenses **for caring for natural resources/livestock**? Put them in another group.*
- *The rest, which is not expenditure on care, will naturally form a last group, and this can be called '**non-care expenditure**'.*

- 4 Start the discussion with this set of questions:

- *What **do you see** in the first group, 'Care for People'? And the second and other groups?*

■ What are the **three major expenditures**? What do you spend most on?

■ What do you **spend least on**?

■ Are there any care products that are compromised/you can't buy because of these big expenditures?

■ Are there any care products that you cannot buy?

5 Then ask about decision making:

■ Who **buys the care products** in your family, women or men or both? Why?

■ Who **buys the non-care products** in your family, women or men or both? Why?

■ Who **decides how to spend** the money? Is this dependent on who is bringing the money into the household?

■ Can women decide how to spend the money even if they are not the primary income earners in the family?

■ Are there any negotiations in the family on what to buy? Do either men or women need permission to buy anything? What and why?

■ Does doing or not doing paid work affect the level of decision making women have at home?

Other questions can be:

■ If you do not have money, who do you ask for money to buy these products? What effect does that have?

■ If you can't buy care products, how does this impact the care work that you have to do yourself? (e.g. not buying medicines means having to care for the sick longer)

6 Finally, ask the following **action questions**:

■ What would you need to spend more on/less on?

■ If it is mostly female family members who are spending on care, could expenditure on these care-related products and services be shared more evenly in your family?

Closing

1 Ask participants to **summarise** the exercise and to highlight the **key learnings**.

2 Ask if they have any questions.

T008: Care Work Matrix

Description

This tool enables participants to reflect on the impact of providing too much care on caregivers, in terms of physical or emotional strain, and how this impacts their livelihoods, wellbeing and paid job choices.

Objectives

- 1 To explore the constraints that unpaid care work may have on (the choice and location of) paid work.
- 2 To explore which of the different impacts on women are the most important.

Used with:

- Women-only group
- Mixed Children's Group, **only if the children are in paid work.**

What information is collected?

- 1 Details of the types of health problems, stress issues, and mobility issues discussed.

- 2 Notes from discussions on what constraints unpaid care has on paid work.
- 3 Why certain activities are so problematic.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately 30–40 minutes

Materials required: A sheet of white chart paper, pebbles/leaves (optional)

Women in Meherthada district in rural Nepal use bits of paper to rank the impact that undertaking care activities has on their health, time, mobility, and other issues.



Steps

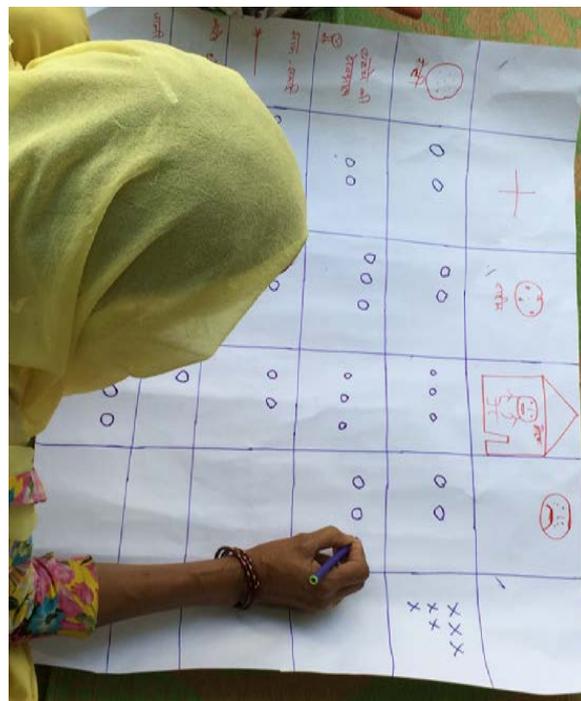
1 Write a list of **care activities** that participants say they do a lot of. Ask participants to select three care activities from the list that they feel are the most important. Draw up a matrix with these on the **vertical axis**. You can use symbols for each activity.

Note: Ideally use objects that can be procured locally or drawings as symbols for activities rather than writing. Can also do drawings for the impacts.

2 Write or symbolise **issues that are affected by care work** on the **horizontal axis** like:

- **Health problems;**
- **Too much time** used to do care work;
- **Limits mobility** to be in other places;
- **Tiredness/stress;** and
- **Risk of violence.**

3 Start with the first column: for example, health problems given by care activity 1, care activity 2, and care activity 3. Ask participants to do a **ranking** based on the health problems that each activity has – they should place one pebble on the matrix if an activity (e.g. preparing meals) does not have many negative effects on health, two pebbles if it has some impact, and three pebbles if it has a significant impact. Do the same for the other columns – time, mobility, etc. This will give a detailed picture of what participants see as problematic effects of their care roles. See below for an example.



An urban woman in Madhya Pradesh, India uses symbols to demonstrate the extent to which various care activities lead to issues affecting health, time, mobility, etc.

4 Discuss the difficulties that participants face as a result of the care work they do:

- *What activity has the worst effects on your **health** in the matrix?*
- *What activity takes the most of your **time** in the matrix?*
- *What activity most limits your **movements** in the matrix?*
- *What is the **main impact** related to care that affects you: is it the amount of time spent doing care work, is it the lack of mobility, or is it the effects on your health? (See the highest score on the lower horizontal axis)*

Care activities	Health problems	Too much time	Limits mobility	Tiredness/ stress	TOTAL Activities
Preparing meals	●●●	●●	●●●	●	9
Childcare	●	●	●		
Keeping the house clean	●●	●	●		
TOTAL Impact	6	4	5		

■ What **care activity** is most difficult for you to manage daily? (See the highest score on the final column on the right)

5 Ask 'why' questions (move from 'it is a problem' to 'why it is a problem'), for example:

■ If meal preparation is so **time-consuming**, why is it so? For example, the preparation of meals is time-consuming because pounding of millet is done by hand, etc.

■ Is the **mobility** restriction associated with specific tasks, like caring for sick people or the elderly?

6 Now discuss:

■ How do these health, time, and mobility restrictions affect your **paid work (or programme)**? For instance, is it in your bargaining power with the employer, the hours of paid work you can do, the work location, etc.?

■ What type of jobs would women take? Are there any examples that you know of?

Ask **children**:

■ How do these health, time, and mobility restrictions affect your **life**? For instance, is it in going to school, or doing homework?



A facilitator discusses the Care Work Matrix chart with a group of women in Udaipur in Rajasthan, India while their men look on.

Closing

- 1 Ask participants to **summarise** the activity and the **main learnings**.
- 2 Ask participants to identify any action points and who could decrease their workload.
- 3 Ask if they have any questions.

T009: Role Play – ‘What would happen if...?’

Description

This tool focuses on what happens to families and communities when care is not provided. Participants act out scenarios where care is not available; for instance, when the main caregiver falls sick and families need to rearrange care patterns.

The scenarios start with unpaid care work only and move towards connecting unpaid care work with the more visible parts of the economy, paid work, and from micro (family) to macro (state) situations.

Objectives

- 1 To introduce and value the centrality of care in the economy and how without care, any economy would collapse.
- 2 To explore what happens when the main caregiver leaves home for paid work.
- 3 To introduce the concept of care and care arrangements to children.

Used with:

- Women’s Groups
- Men’s Groups
- Girls Groups
- Boys Groups

Note to facilitator: The children participating must be children with working mothers/primary carers.

What information is collected?

- 1 Change/reorganisation in patterns of care work when the main caregiver leaves home for work/gets engaged in paid work.
- 2 Summary of any values and norms that emerge from the discussion.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos, and for audio recording.

Process of recording: Pictures, notes

Number of people expected to participate: About 8–12

Time to be taken: Approximately 20–30 minutes

Materials preparation: None

Steps

- 1 Ask for two volunteers to act out a series of role plays. Divide the rest of the participants into two groups who will compete in a game of guessing the role that the volunteers are playing.
- 2 Tell the role players to represent the following situation: The carer is sick, and no one is there to watch over the child.

The rest have to respond to the facilitator’s questions while the situation is played out: *When you are sick, **who** is affected in the family and **how**?,* i.e. the words ‘child’ and ‘no one to watch over her/him’ (or similar).

Ask the participants to guess ‘who’ is the person that is being acted out, and then which task is being acted out that the person cannot do because they are sick/unwell. Each of the two responses gets one point.

- 3 Repeat the process for these situations:
 - The **child** is **not watched over** because you are sick today.
 - Your **grandmother/mother/mother-in-law** is **hungry** since you cannot **cook** because you are sick today.
 - Your **livestock are thirsty** since you cannot **collect water** because you are sick today.
 - Your **husband (or anyone else in the family)** cannot **sell in the market/**



A man and a woman enact roles of different family situations to demonstrate a 'what if...?' scenario when care is not provided.

- go to work** since you cannot **do the housework for him** because you are sick today.
- 4 After the four role plays, discuss:
- What would happen to your community if all women in the community got sick on the same day?
 - What would happen to your country if all women in your country got sick the same day?
 - Could we live without care? Discuss the importance of care.
- 5 After discussing the importance of care, ask:
- How do you organise **care work at home** when you **fall sick**? Who takes care of the activities you cannot do anymore?
- 6 Ask participants to imagine that they are not sick, but they equally have to leave home **to do paid work**. Then ask:
- How do you organise **care work at home** when you have **to go to do paid work**? Who now takes care of the activities you cannot do anymore?



Two women from a village in rural Nepal participate in role play to show family members who step in when the mother/primary carer is sick.

7 Finally, ask:

- *What **would you like to change** in this situation? How would you do it? How can the women's economic empowerment (WEE) programme/ NGO help? Ask if they have any questions too.*

Variation for Children's Groups:

- 1 Ask participants to choose or volunteer for five roles in a family (e.g. mother, father, grandmother, young child, elder son, elder daughter). They introduce the main carer and then act out the roles of the other family members in relation to this main carer. Ask the rest of the group, step-by-step, to guess who the person is and whose role is being played.
- 2 Then the character of the mother goes out (she is sick). Now describe a situation where household tasks are incomplete (water is not filled, food is not made, clothes are not washed, etc.) and ask the characters to again role play and see what they decide in terms of reorganisation of care responsibilities.

3 Discuss with all the children:

- *What was the family trying to do?*
- *Ask the mother/main carer (who is sick) how she felt*
- *What were the main problems that the family faced when the caregiver went out to work?*
- *What happens in your homes?*
- *How did you feel when your needs were not met?*

Closing

- 1 Ask the participants to **summarise**/ recap what we did in the last half an hour, etc.
- 2 What were the main **learnings**; what did they get out of it?
- 3 Ask if they have any questions. If possible, the local organisation person wraps up.

Annexe 1 – T00: Transect Walk and Community Mapping

Description

This tool starts with a walk around the area being researched. Following this, a map is drawn by the community members of their area that shows the community structures, differences in settlements and households, resources, and institutions. Use of this tool is optional.

Objectives

- 1 To identify the leaders in the community (elected leaders, practical leaders) for key informant interviews (KIs) later.
- 2 To familiarise the research team (including enumerators) about the village.
- 3 To learn about the differences among households in the community by ethnicity, religion, and wealth.
- 4 If possible, to identify the poorest households and female carers in the community.

Used with: Community leaders and any members of the community or local community organisations who know the community well and are willing to participate actively.

Note to facilitator: It is more appropriate to do community mapping in a hamlet rather than in a larger village or a smaller urban settlement/neighbourhood. Ensure that the population size of the hamlet/village is sufficient for it to be a 'community' unit, i.e. approximately 350.

What information is collected?

- 1 Socioeconomic profile of the village and how much heterogeneity there is.
- 2 Settlement pattern – by caste, class, religious affiliation, etc.
- 3 Migrant status of people, livelihood sources, and wealth pattern in the village.
- 4 Who the potential KIs are.

Process of taking consent: Explain what the activity is, and how the information would be used; ask if they are OK with taking notes and photos for recording purposes.

Process of recording: Pictures, notes

Number of people expected to participate: About 5–10 people

Time to be taken: Approximately one hour

Materials preparation: Four sheets of chart paper joined together

Steps

- 1 Meet with the formal leader(s) of the community and introduce your project. Seek consent to participate in the Transect Walk and Community Mapping.
- 2 Ask them to accompany you on a walk to show you the topography of the area and point out significant landmarks. While on the walk, ask questions about the different types of services, people, groups, socioeconomic demographics, etc.
- 3 Then conduct the Community Mapping exercise. Assemble 5–10 people (community leaders, KIs, and general community members willing to share and any suggested or invited by local organisations).
- 4 Arrive at a common area and ask people to draw a map of their area on a sheet of chart paper. They can show all or as many households/settlements in their area and the composition of each settlement. For reference, it will be helpful to draw roads and significant buildings – schools, temples, public resource points, public places, primary health centres, etc. – and other places of public importance onto the map.



Community map, India.

- 5 Encourage the participation of both men and women. Note the differences and similarities in mapping between men and women. Discuss.

Optional: The facilitator can decide if this would be useful or not for the project:

- 1 Ask them to locate the 20 per cent poorest people of the hamlet/village. If this is not possible due to its small area, ask local NGO workers separately to identify the poorest in the village.
- 2 Discuss why these are considered the poorest and ask, why did they choose them? What is the composition of these poorest people in terms of socio-demographic characteristics?

- 3 If possible, within the 20 per cent, ask them to locate female carers with at least one dependent child aged < 6 years and who is also engaged in paid work.

Closing

- 1 Ask participants to summarise what the group has done and to identify the learnings.
- 2 A member of the local community organisation could be asked to speak about what actions can be taken and to close the activity.
- 3 Ask participants if they have any questions.

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Assessing Unpaid Care Work: A Participatory Toolkit

Deepta Chopra, Kas Sempere and Meenakshi Krishnan

A toolkit developed under the 'Balancing Unpaid Care Work and Paid Work' project. This toolkit was used to undertake research in India, Nepal, Rwanda, and Tanzania across 16 sites. This research project explores how women's economic empowerment policies and programmes can take unpaid care work into account, in order to enable economic empowerment to be optimised, shared across families, and sustained across generations.

The toolkit focuses attention on the social organisation of care in low-income households, and examines the role of families, state, private sector and not-for-profit sector.

Ultimately, the research aims to identify measures that can lead towards a 'double boon', creating paid work that empowers women and provides core support for their unpaid care work responsibilities.

The Balancing unpaid care work and paid work project explores the successes, challenges and lessons for Women's Economic Empowerment programmes and policies.

Creating and sharing new knowledge on the balance between paid work and unpaid care work

Advocating for decent paid work, providing support for unpaid care work responsibilities and removal of barriers to entry and retention in paid work

Resulting in women's economic empowerment that is optimised, shared across families and sustained across generations



India

Rwanda

Nepal

Tanzania

PROJECT LEAD:



For more project background information, publications, and access to datasets and case studies, visit interactions.ids.ac.uk/wee

'Balancing Unpaid Care Work and Paid Work' is part of the global Growth and Equal Opportunities for Women programme (GrOW) bit.ly/1PbKwAd



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